

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

10075112

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
| 7 | | 1 | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | 1 | | | | | |
| 14 | | 1 | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
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| 36 | | 1 | | | | |
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| 43 | | 1 | | | | |
| 44 | | 1 | | | | |
| 45 | | 1 | | | | |
| 46 | | 1 | | | | |
| 47 | | 1 | | | | |
| 48 | | 1 | | | | |
| 49 | | 1 | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | | | 1 | 1 | 1 | 1 |
| TOTAL DEP. | | | 1 | 1 | 1 | 1 |
| TOTAL CLAIMS | | | | | | |

| | * | | * | | * | |
|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | 1 | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | 6 | | 1 | | 1 |
| TOTAL DEP. | | 46 | | 1 | | 1 |
| TOTAL CLAIMS | | 52 | | 1 | | 1 |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy